

**Report on Basic Demographic Information and Results of Twelve Month
Follow-up Procedure for Adults Completing Community-Based Treatment
Programs**

**Presented to: Division of Alcohol and Drug Abuse
State of South Dakota**

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EXECUTIVE SUMMARY FROM FORMS COMPLETED

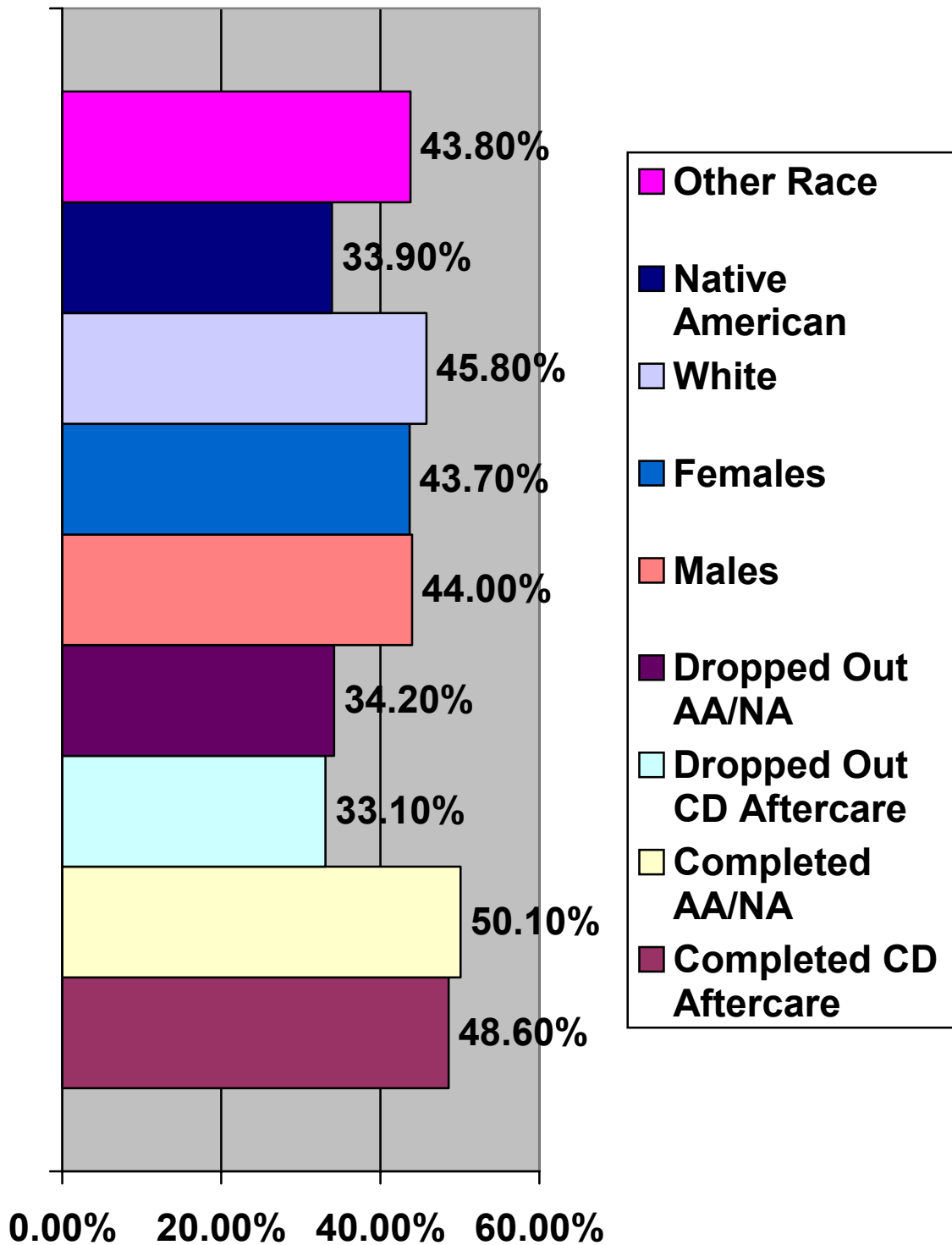
A summary of the basic findings for adults community-based programs is presented in this section.

- ◆ The abstinence rate for those (n = 1000) in the 12-month follow-up survey was 43.9 percent. Considering the fact that many (64.5%) people were forced into treatment by court mandates (including placement from detox centers), the abstinent rate was very good.
- ◆ Clients completing treatment (and were abstinent during follow-up) were hospitalized **5.1 times less** after treatment than they were before, and the number of days hospitalized was **4.0 times less** during the post-treatment time.
- ◆ Overall, there were more than **twice** as many ER visits before treatment as there were after treatment.
- ◆ Before treatment about one-third were unemployed, but one year post-treatment only 9.1 percent of all persons completing treatment were unemployed. For those who were abstinent during the follow-up period, the unemployment rate was only 6.6 percent. The benefit of the improved employment opportunities to the individuals and society was substantial.
- ◆ Before treatment those working were absent 3.4 days in the past 30 days. After treatment the number days absent in the past 30 days was only 1.2 days for all clients (0.7 days for those abstinent), resulting in a 64.7 percent improvement for all completing treatment and a 79.4 percent improvement for those abstinent.
- ◆ There was a substantial reduction (69.2% for all clients, 73.1% for those abstinent) in the number of accidents between pre and post-treatment time periods.
- ◆ In the year prior to treatment three-fourths of the clients had been arrested, but this was reduced to only 18.5 percent (8.4% for those abstinent) for the year following treatment.
- ◆ There was a considerable reduction (76.1% for all clients, 89.7% for those abstinent) in those jailed overnight between pre and post-treatment assessments.

- ◆ Overall, there were **4.8 times (10.7 for those abstinent)** more arrests before treatment than there were after treatment
- ◆ Persons working full-time were more likely to remain substance free than were those not working full-time. Clients who were substance free during follow-up had fewer days absent from work.
- ◆ Clients completing treatment (substance free or not) had fewer problems with their boss or supervisor, getting their job done, making mistakes at work, missing work, or being late than they did before entering treatment. Those who were substance free during the year following treatment had fewer problems than those who used substances.
- ◆ Based on marital status at follow-up, persons never married, divorced or separated were more likely to have used substances than were married persons.
- ◆ Clients who attended AA or NA were much more likely to remain substance free than were those who stopped attending.
- ◆ Persons who attended aftercare were much more likely to remain substance free than were those who stopped attending.
- ◆ Clients who were substance free had fewer problems during the follow-up period with boredom, stress, and loneliness.
- ◆ Person using substances were more likely to have had periods of 2 weeks or more in which they felt depressed.
- ◆ Clients using substances were more likely to be around others using alcohol or drugs, and craved alcohol and drugs.
- ◆ Clients who were substance free were much less likely to be arrested or incarcerated.
- ◆ Clients who rated the treatment programs highly were much more likely to be substance free.

- ◆ Clients who were substance free had fewer problems with marital or 'significant other' relationships, family problems, and financial problems during the follow-up period.
- ◆ Clients with high arrest rates before treatment were more likely to use substances than were those with low arrest rates.
- ◆ Clients who had frequent visits to hospitals and ER's during the year preceding treatment were more likely to use substances during follow-up than were those with fewer visits.
- ◆ Clients who had frequent visits to hospitals and ER's following treatment were more likely to use substances during follow-up than were those with fewer visits.
- ◆ Clients who had been treated for depression before treatment were more likely to use substances during follow-up than were those who had not been treated for depression.
- ◆ Clients having the shakes after cutting down were more likely to use substances during follow-up than were those not experiencing shakes.
- ◆ Clients using drugs or alcohol to relieve a hangover were more likely to use substances during follow-up.
- ◆ Clients needing drugs or alcohol just to keep going were more likely to use substances during follow-up than were those not needing substance to keep going shakes.
- ◆ Clients who missed work in the year previous to treatment programs because of substance use were more likely to use alcohol or drugs during follow-up than were those not missing work.
- ◆ Clients who neglected their children (or other responsibilities) because of alcohol or drugs were more likely to use substances during follow-up.

Abstinence Rates: Various Groups



Demographic Information (From Intake Form)

Ethnic Origin

Information for this section of the report was obtained from the MPR Adult Intake forms that were adapted and used by permission of New Standards, Inc. The information used in the section of the report was obtained for persons completing treatment programs between April 1998 and November 2003. Information from the Intake, History, and Discharge forms were available for 2980 persons. The only two ethnic groups with notable numbers were White (67.8%) and Native American (26.3%), representing 94.1 percent of the total.

Ethnicity	Number of Cases	Percent
Asian	18	0.4%
Black	47	1.2%
Hispanic	64	1.6%
Native American	1062	26.3%
White	2743	67.8%
Biracial	94	2.3%
Other	15	0.4%
Total	4043	100.0

Marital Status

Never Married (51.3%) and divorced (25.1%) were the most frequently mentioned categories of marital status.

Marital Status	Number of Cases	Percent
Never Married	2059	51.3%
Divorced	1006	25.1%
Separated	267	6.7%
Widowed	62	1.5%
Married	621	15.5%
Total	4015	100.1%

Education Attainment

High school diploma/GED was the most frequently mentioned category (67.0%) for educational attainment, followed by no diploma earned (13.2%), vocational/technical school (11.9%), and bachelor's degree (3.7%).

Highest Degree Earned	Number of Cases	Percent
No Degree or Diploma Earned	491	13.2%
High school diploma/GED	2495	67.0%
Vocational/technical school	444	11.9%
Associate Degree	131	3.5%
Bachelor's Degree	138	3.7%
Master's Degree	12	0.3%
M.D./J.D./Doctorate	11	0.3%
Total	3722	99.9%

Current Employment Status

At entry into the treatment programs, more than one-half were employed either part- or full-time. The most common employment status was full-time employment (40.0%).

Employment Status	Number of Cases	Percent
Full-time employment	1610	40.0%
Part-time employment	475	11.8%
Unemployed	1516	37.7%
Retired	33	0.8%
Disabled	186	4.6%
Homemaker	87	2.2%
Student	116	2.9%
Total	4023	100.0%

Financial Assistance

Some of the clients were receiving Disability Compensation (6.5%) or Welfare (4.3%), and a few (0.9%) were receiving both at intake into the treatment programs.

Financial Assistance	Number of Cases	Percent Yes
Receiving Disability Compensation	4004	6.5%
Receiving Welfare	3979	4.3%

Treatment Payment

Most (58.2%) of the clients were financed exclusively by the Division of Alcohol and Drug Abuse as indicated in the 'Other' category. Self-pay (27.8%) and Medicaid (7.4%) were the other most frequent types of payment. The percents do not equal 100 percent, because there are multiple payment sources for some people.

Payment Type	Number of Cases	Percent
Medicare	75	2.0%
Medicaid	279	7.4%
Blue Cross/Blue Shield	97	2.6%
Private/group insurance	196	5.2%
HMO	20	0.5%
Self-pay	1050	27.8%
Other	2198	58.2%
Total	3776	

Referral Source

The Court (56.8%) was the most frequent referral source. Other common referral sources were Self (25.7%), Other (14.4%), and Family (12.3%). Since there were multiple referral sources, the sum of the percents was more than 100.

Referral Source	Number of Cases	Percent Checking Category
Court	2263	56.8%
Detox Center	308	7.7%
Employer/EAP	34	0.9%
Family	490	12.3%
Friends	270	6.8%
Mental health worker	197	4.9%
Physician	101	2.5%
School	24	0.6%
Self	1025	25.7%
Social worker	271	6.8%
Other	574	14.4%

Reasons For Entering Treatment

It is obvious that these particular clients entered treatment for reasons external to themselves, based on responses to referral sources and reasons for program entry. DWI or DUI (43.0%) arrests were the most frequent reasons for entering treatment, followed by Other Court Action (33.3%) and In Lieu of Incarceration (10.3%). Since persons could make multiple responses and not everyone responded to the questions, the sum of the percents does not equal 100.

Reasons	Number of Cases	Percent Yes
DWI or DUI arrest	1687	43.0%
Other court action	1302	33.3%
In lieu of Incarceration	371	10.3%
Ultimatum from employer	69	1.8%

Ultimatum from spouse/mate	174	4.5%
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Most Recent Chemicals Used (From Intake Form)

Upon admission to the treatment programs, it was found that the most common drugs used were alcohol, marijuana, cocaine, stimulants, and hallucinogens. Nearly all (97.7%) had used alcohol and 64.1 percent had used marijuana a some time.

Substance	Within 24 Hours	Within 2-7 Days	Within 8-30 Days	Over a Month Ago	Never Used
Alcohol	110(2.8%)	699(17.8%)	1177(30.0%)	1849(47.1%)	89(2.3%)
Marijuana	60(1.6%)	246(6.4%)	474(12.4%)	1677(43.7%)	1379(35.9%)
Cocaine	5(0.1%)	22(0.6%)	98(2.6%)	1099(29.0%)	2568(67.7%)
Stimulants	30(0.8%)	36(0.9%)	104(2.7%)	820(21.6%)	2802(73.9%)
Sedatives	21(0.6%)	15(0.4%)	28(0.7%)	439(11.6%)	3280(86.7%)
Opiates	4(0.1%)	3(0.1%)	27(0.7%)	397(10.5%)	3351(88.6%)
Tranquilizers	14(0.4%)	11(0.3%)	22(0.6%)	362(9.6%)	3374(89.2%)
Hallucinogens	2(0.1%)	4(0.1%)	20(0.5%)	826(21.8%)	2936(77.5%)
Painkillers	36(1.0%)	36(1.0%)	82(2.2%)	610(16.1%)	3018(79.8%)
Other	38(1.0%)	13(0.4%)	35(0.9%)	272(7.4%)	3340(90.3%)

Demographic Information From Adult History Form

Work Outside Home

Most (56.7%) of the clients were working either part- or full-time, but a large minority was unemployed at the time of entry into the treatment programs.

Work Outside Home	Number of Cases	Percent
Yes, Full-time	1719	42.6%
Yes, Part-time	569	14.1%
No, By choice	198	4.9%
No, unemployed	1553	38.5%
Total	4039	100.1%

Personal Income Last Year

Considering the relatively high number of unemployed persons, it was not surprising that most (55.7%) of those in the treatment programs had personal incomes of less than \$10,000 per year. Very few reported making more than \$30,000 per year.

Personal Income Categories	Number of Cases	Percent
Less than \$10,000	2211	55.7%
\$10,001 to \$20,000	1042	26.2%
\$20,001 to \$30,000	303	7.6%
\$30,001 to \$50,000	111	2.8%
Over \$50,000	22	0.6%
Don't want to say	283	7.1%
Total	3972	100.0%

Family Income Last Year

As would be expected, family income levels were higher than personal income levels, but these income amounts were quite modest with only 8.6 percent reporting family incomes over \$30,000.

Family Income Categories	Number of Cases	Percent
Less than \$10,000	1470	38.5%
\$10,001 to \$20,000	1002	26.2%
\$20,001 to \$30,000	407	10.7%
\$30,001 to \$50,000	214	5.6%
Over \$50,000	116	3.0%
Don't want to say	609	16.0%
Total	3818	100.0%

Where Do You Live?

There was a similar percent of persons currently living in a City or a Town with 17.2% indicating that they currently lived in a Rural Area.

Place of Residents	City	Town	Rural Area
Where do you live now?	46.5%	36.3%	17.2%
Where have you lived most your life?	45.0%	34.4%	20.5%

Problem Areas

The clients were asked a series of questions about personal or family problems or situations. Most (57.6%) had been in treatment programs before, and nearly one-half (47.0%) had encountered problems with family members drinking. Other prominent problem areas were: treated for depression (26.1%) and being physically abused or beat up before age 18 (22.7%), hit hard after age 18 (22.4%), and problems with family members using drugs (21.8%).

Problem Areas	Number of Cases	Percent Yes
Have you been in treatment before?	4017	57.6%
Did drinking by any family member cause problems?	4022	47.0%
Did drug use by any family member cause problems?	4000	21.8%
Before 18, were you hit so hard that you had marks?	4029	22.7%
Since 18, were you hit so hard that you had marks?	4020	22.4%
Before 18, were you forced to have sex?	4028	17.9%
Since 18, were you forced to have sex?	4022	10.6%
Have you ever been treated for depression?	4027	26.1%
Have you ever been treated for any other emotional disorders?	4001	15.6%
Have you ever tried to commit suicide?	3976	20.2%
Have you ever starved yourself for more than 3 months?	4031	5.2%
Have you ever binged and vomited for over 3 months?	3990	3.9%
Did you have a hard time learning when growing up?	3965	16.5%

Additional Problem Areas Before You Were 15 Years Old

Two major problem areas encountered by the clients before age 15 were stealing (36.9%) and starting fights (30.8%).

Problem Area	Number Cases	Percent Yes
Skip school more than 10 times?	3731	27.4%
Get suspended or expelled from school?	3709	27.4%
Get Arrested?	3709	22.2%
Run away from home overnight more than once?	3713	22.2%
Vandalize or destroy property?	3716	21.3%
Steal?	3723	36.9%
Have sex with more than one person?	3712	22.7%
Start physical fights?	3721	30.8%

Questions on Spirituality

Most (62.0%) of the clients participated in prayer or meditation on a regular basis (at least monthly), with about one-half (47.6%) praying or meditating at least weekly.

How often do you meditate or pray?

Pray or Meditate	Number of Cases	Percent
Never	952	23.7%
Less than once a month	578	14.4%
Several times a month	580	14.4%
Every week	575	14.3%
Every day	1339	33.3%
Total	4024	100.1%

This group of clients was not highly involved in organized religious services, since over two-fifths never attended religious services, and many attended services less than once a month.

How often do you attend religious services of any kind?

Religious Services Attendance	Number of cases	Percent
Never	1672	41.8%
Less than once a month	1378	34.5%
Several times a month	432	10.8%
Every week	485	12.1%
Every day	33	0.8%
Total	4000	100.0%

Outcome Factors Assessed

The basic outcome factors are assessed and reported for persons who completed one-year follow-up forms. One year follow-up information was available on 1000 persons. Persons are contacted by phone (or mail in a few cases) at 12 months post-treatment. The one-year period following treatment was the focal point because much of the comparative data between the History Form and Follow-up Form were based on information or performances in the past year.

The key outcome factors assessed in this report were: aftercare, working/not working, months employed in past year, work problems, days absent from work, working under the influence of alcohol or drugs, substance use in the past 12 months, times hospitalized, days hospitalized, emergency room visits, doctor office visits, accidents, arrests in past year, offenses committed, and time in jail.

Aftercare During Follow-up

Of those surveyed with the follow-up instrument, most (55.8%) received some aftercare, about two-thirds (63.2%) attended AA/NA, and a few (13.4%) attended other support groups. Those abstinent attended each of these programs at a higher rate than did those who used substances, indicating the importance of aftercare services for those who are successful.

Program	Percent Attending All Clients	Percent Attending Abstinent Clients	Percent Attending Substance Users
Aftercare	55.8%	64.9%	48.8%
AA/NA	63.2%	71.8%	56.7%
Other Support	13.4%	15.4%	11.8%

Working/Not Working: Comparison Between Before and After Treatment

Before treatment started, 32.1 percent of the clients in the follow-up study were unemployed. Following treatment, 9.1 percent of all persons in the follow-up study were unemployed and only 6.6 percent of those who were abstinent were unemployed. Nearly three-fourths (71.9%) of those abstinent were working full-time, compared to 49.9 percent full-time employment for all persons in this outcome survey before starting treatment. The positive economic impact for the clients and society of these employment findings is very significant.

Working	History Form Percent Yes	Follow-up Form Percent Yes
Yes, Full-Time	49.9%	67.7% (71.9%)
Yes, Part-Time	12.9%	16.4% (14.5%)
No, By Choice	5.2%	6.8% (7.0%)
No, Unemployed	32.1%	9.1% (6.6%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Months Employed: Pre- and Post-Treatment Results

There was a significant improvement in the number of months worked full-time between the pre- and post-treatment measures. Before treatment, this group of 1000 persons averaged 6.7 months full-time employment in the previous 12 months. One year after treatment, the same clients averaged 7.1 months worked in the past 12 months for all persons and 7.8 months for those abstinent.

Months Employed	History Form Pre-Test	Follow-up Form Post-Test
Months, Full-Time	6.7	7.1 (7.8)
Months, Part-Time	1.8	1.6 (1.5)
Months, Not Worked	3.5	3.2 (2.6)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Problems at Work: Pre and Post-test Results

Clients were asked identical questions before treatment started and 12 months following treatment with respect to 'problems at work,' during the past 12 months. In every situation but injuries, there were fewer work problems after treatment than before. After treatment, the clients had fewer problems with missing work, getting work done, making mistakes, being late for work, and problems with supervisors. The improvement between the before and after treatment measures was outstanding. The results below were based on the pre- and post-test treatment results for the 1000 persons who had both history and 12-month follow-up information.

The percents listed in the parenthesis () in the last columns refers to the rates of those who were abstinent during the follow-up period. The other number is the percent of all those who could be located during follow-up. Those who were abstinent had superior performance in each work problem area.

Work Problems	History Form Percent Yes	Follow-up Form Percent Yes	Percent Improvement
With supervisor or boss?	15.2%	11.6% (7.8%)	23.7% (48.7%)
Getting your job done?	7.4%	5.7% (2.9%)	23.0% (60.8%)
Missing work?	26.9%	9.0% (6.0%)	66.5% (77.7%)
Being late?	23.6%	10.9% (3.7%)	53.8% (84.3%)
Getting injured?	7.9%	11.0% (4.4%)	-39.2% (44.3%)
Making mistakes?	14.1%	8.5% (4.4%)	39.7% (68.8%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Days Absent From Work in Past Months: Pre and Post-Treatment Results

There was a significant reduction in the number of days absent from work between before treatment and after treatment. Before treatment, there was an average of 3.4 days of missed work in the past month. After treatment, the average was reduced to 1.2 days for all completing treatment and 0.7 days for those who were abstinent. The rate of improvement between pre and post-treatment measures was very high, indicating the ability of the treatment programs to make positive changes in the lives of individuals.

Days Absent From Work Past Month	History Form Pre-Test	Follow-up Form Post-Test	Percent Improvement
Days Absent	3.4	1.2 (0.7)	64.7% (79.4%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Drug and Alcohol Influence at Work: Pre and Post-test Results

After leaving treatment, clients were not likely to use alcohol or drugs while working. There was a dramatic reduction between pre- and post-treatment measures of substance use at work. Before entering treatment, over one-half of the clients were under the influence of alcohol/drugs daily while working, but after treatment only 1.5 percent reported daily influences of substances while working.

Under the Influence of Alcohol or Drugs while Working?	History Form Pre-Test	Follow-up Form Post-Test
Never	8.8%	93.6%
Less than once per month	12.3%	2.7%
1 to 3 times per month	10.1%	1.2%
1 to 3 times per week	14.0%	1.1%
Almost every day	54.8%	1.5%

Substance Use 12 Months After Completing Treatment

The overall abstinence rate for any substance use for this group of persons in the outcome study was 43.9 percent after 12-months post-treatment. Alcohol and Marijuana were the most popular substances used.

Substance Use	Number of Cases	Percent Using
Alcohol	1000	54.2
Marijuana	1000	13.0
Cocaine	1000	2.0
Stimulants	1000	3.1
Sedatives	1000	3.0
Opiates/heroin	1000	1.2
Tranquilizers	1000	2.7
Hallucinogens	1000	0.8
Painkillers	1000	6.8
Other	1000	1.2

Hospitalization: Pre- and Post-Treatment Comparisons

In every category the clients had more times and days in the hospital the year before treatment than they did the 12 months following treatment. Those completing treatment were hospitalized 2.3 times less (5.1 for those who were abstinent) after treatment than they were before, and the number of days hospitalized was 1.7 times (4.0 for those who were abstinent) less during the post-treatment time. The mean average for those who were abstinent can be identified in the parenthesis (). Although all who completed treatment had improvements in outcomes between pre- and post-treatment measures, the abstinent groups had superior results.

Reason for Hospitalization	Before Times* Hospitalized	After Times# Hospitalized	Before Days* Hospitalized	After Days# Hospitalized
Illness, injury or surgery	.34	.16 (.11)	.86	.59 (.48)
Detoxification	.24	.08 (.00)	.50	.37 (.00)
Psychiatric care	.11	.04 (.01)	.70	.23 (.01)
Pregnancy or childbirth	.06	.04 (.03)	.10	.06 (.08)
Any other reason	.07	.04 (.01)	.11	.10 (.00)
Total	.82	.36 (.16)	2.27	1.35 (.57)

*Before refers to 12 months preceding the treatment program.

#After means the 12-month period following treatment.

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Emergency Room and Office Visits: Pre- and Post-Treatment Comparisons

In all categories, except Pregnancy or Childbirth for Medical Office visits, the clients had more office visits the year before treatment than they did the 12 months following treatment. Overall, there were 2.0 (4.1 for those who were abstinent) times as many ER visits before treatment than there were after treatment. There were less overall differences in Office Visits between before and after treatment visits. This is not surprising since Office Visits may represent preventive medicine efforts as much as medical difficulties. There were significantly fewer Office Visits for psychiatric care 12 months after treatment than there was 12 months prior to treatment.

Emergency Room or Office Visits	Before ER Visits*	After ER Visits#	Before Office Visits*	After Office Visits#
Illness, injury or surgery	.44	.25 (.13)	1.06	.94 (.65)
Psychiatric care	.07	.03 (.01)	.44	.29 (.19)
Pregnancy or childbirth	.04	.00 (.01)	.19	.23 (.31)
Routine examination	NA	NA	.75	.55 (.65)
Any other reason	.14	.06 (.02)	.36	.17 (.10)
Total	.69	.34 (.17)	2.80	2.18 (1.90)

*Before refers to 12 months preceding the treatment program.

#After means the 12-month period following treatment.

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Homeless

Before treatment 2.2 percent of the clients indicated that they were homeless, but after treatment there were fewer (1.4%) persons mentioned that they had no home.

Accidents Past 12 Months: Pre and Post-Treatment Results

There was a significant reduction in the number of reported accidents as drivers between the pre- and post-treatment measures.

Accidents in the Past Year	History Form Pre-Test	Follow-up Form Post-Test	Percent Improvement
Number of Accidents	.26	.08 (.07)	69.2% (73.1%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Arrested in the Past Year: Pre and Post-test Results

There was a substantial reduction between pre- and post-treatment measures of those 'Arrested in Past Year.' Before entering treatments, three-fourths had been arrested in the past year, but the arrest rates declined to only 18.5 percent and 8.4 percent for all completing treatment and those abstinent, respectively.

Arrested in Past Year	History Form Percent Yes	Follow-up Form Percent Yes	Percent Improvement
Arrested	75.0%	18.5% (8.4%)	75.3% (88.8%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Times Arrested in the Past Year: Pre and Post-test Results

In every offense category the clients had more arrests 12 months before treatment than they did the 12 months following treatment. There were 4.7 (10.7 for those who were abstinent) times fewer arrests during the follow-up period compared to 12 months prior to treatment.

Offense	History Form Pre-Test	Follow-up Form Post-Test
DWI	.63	.11 (.05)
Speeding or Other Moving Traffic Violation	.20	.03 (.02)
Disorderly Conduct	.11	.02 (.00)
Assault or Battery	.08	.02 (.01)
Theft	.05	.01 (.01)
Vandalism	.02	.01 (.00)
Possession of Drug or Drug Paraphernalia	.15	.03 (.01)
Sale of Drugs	.01	.01 (.01)
Other	.14	.07 (.02)
Total	1.39	.29 (.13)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Jailed Overnight in Past 12 Months: Pre and Post-test Results

There was a significant reduction in the percent of clients incarcerated overnight between the pre- and post-treatment measures. Before entering treatment, nearly two-thirds had been jailed overnight in the past year, but the incarceration rates declined to 14.0 percent and 6.0 percent for all completing treatment and those abstinent, respectively.

Jailed Overnight	History Form Percent Yes	Follow-up Form Percent Yes	Percent Improvement
	58.5%	14.0% (6.0%)	76.1% (89.7%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

From Adult Discharge Form

Program Type

Data analysis in this section was done on all persons (n = 4065) who had been discharged. A vast majority (70.0%) were involved in day or evening outpatient programs.

Type of Program	Number of Cases	Percent
Residential Inpatient Only	486	12.0%
Evening Outpatient Only	1988	48.9%
Day Outpatient Only	858	21.1%
Day Hospital	275	6.8%
Combination: Inpatient Evening Outpatient	88	2.2%
Combination: Inpatient Day Outpatient	67	1.6%
Combination: Inpatient Day Hospital	17	0.4%
Other	286	7.0%
Total	4065	100.0%

Discharge Status For All Referrals To Programs

Based on information on all clients who received services in treatment programs, most (81.1%) were in the 'Completed Program' category. A few (7.9%) 'Left against staff advice' or were 'Discharged for Noncompliance' (6.5%). The Completed Program category (n = 5518) is different from the 4065 reported elsewhere in this report, because only those with completed information on all forms (Intake, History, and Discharge) and signed consent forms were used as part of the outcome (follow-up) study.

Discharge Status	Number of Cases	Percent
Evaluation only	42	0.8%
Completed program	4475	81.1%
Transferred to other program	198	3.6%
Left against staff advice	438	7.9%
Discharged for noncompliance	395	6.5%
Insufficient funding	3	0.1%
Other	3	0.1%

Chemical Use During Treatment

As would be expected, very few (7.7%) clients were known to be using chemicals during treatment.

Chemical Use	Number of Cases	Percent
No	3409	84.5%
Not sure	315	7.8%
Yes, as Inpatient	21	0.5%
Yes, as Outpatient	289	7.2%
Total	4034	100.0%

Family Program Participation

Few (27.9%) of the families of the clients were involved in the family program.

Participation in Family Program	Number of Cases	Percent
No family or significant other	2068	52.5%
Patient refused	442	11.2%
Family/significant others refused	329	8.4%
Some involvement	1100	27.9%
Total	3939	100.0%

Who Participated in Family Program?

Of family members who did take part in the family program, spouse/mate and parents were the most prevalent participants.

Attendance	Percent None	Percent Partial	Percent Full
Spouse/mate	55.2%	23.1%	21.7%
Parents	59.0%	20.5%	20.6%
Siblings	83.0%	10.5%	6.4%
Children	83.6%	9.7%	6.7%
Friends	86.4%	8.9%	4.8%

Post-Discharge Referrals

Alcoholics Anonymous, Program Aftercare, and Narcotics Anonymous were the most frequent referral sources. Since there were multiple referrals per client, the total percent equals more than 100 percent.

Referral Source	Number of Cases	Percent
Alcoholics Anonymous	3747	92.8%
Emotions Anonymous	11	0.3%
Cocaine Anonymous	14	0.3%
Narcotics Anonymous	1028	25.5%
Women for Sobriety	5	0.1%
AL-ANON	73	1.8%
Other Support Group	179	6.1%
Program Aftercare	3273	81.1%
Individual Therapy/Counseling	450	11.2%
Family Therapy/Counseling	173	4.3%
Halfway House	224	5.6%
Other CD Program	137	3.4%
Other	248	6.2%

Predictors of Success

Based on the statistical analysis of the information on 1000 clients who were surveyed with a follow-up instrument, the following factors were found to be predictive of success (i.e., did not use substances during follow-up period):

Follow-up Form

- ◆ Persons working fulltime were more likely to remain substance free than were those not working fulltime. Also, clients who were substance free during follow-up had fewer days absent from work.
- ◆ Clients who were substance free had fewer problems with: the boss or supervisor, getting the job done, making mistakes at work, missing work, being late or getting injured on the job.
- ◆ Based on marital status at follow-up, persons never married, divorced or separated were more likely to have used substances than were married persons.
- ◆ Clients who attended AA or NA were much more likely to remain substance free than were those who stopped attending.
- ◆ Persons who attended aftercare were much more likely to remain substance free than were those who stopped attending.
- ◆ Clients who were substance free had fewer problems during the follow-up period with boredom, stress, and loneliness.
- ◆ Person using substances were more likely to have had periods of 2 weeks or more, since completing treatments, in which they felt depressed.
- ◆ Clients using substances were more likely to be around others using alcohol or drugs, and craved alcohol and drugs.
- ◆ Clients who were substance free were much less likely to be arrested or incarcerated.

- ◆ Clients who were substance free were much less likely to be hospitalized.
- ◆ Clients who rated the treatment programs highly were much more likely to be substance free.
- ◆ Clients who were substance free had fewer problems with marital or 'significant other' relationships, family problems, and financial problems during the follow-up period.
- ◆ Clients who smoked were less likely to be substance free.

History Form

- ◆ Clients who had ever used needles to inject street drugs were more likely to use substances during follow-up than persons who had not used needles.
- ◆ Clients with higher incomes before treatment were less likely to use substances during the follow-up period.
- ◆ Clients with high arrest rates before treatment were more likely to use substances than were those with low arrest rates.
- ◆ Clients who had frequent visits to hospitals and ER's the year preceding treatment were more likely to use substances than were those with fewer visits.
- ◆ Clients who had frequent visits to hospitals and ER's following treatment were more likely to use substances than were those with fewer visits.
- ◆ Client who were unemployed at time of entry into treatment were less likely to be substance free during the follow-up period.
- ◆ Those who lived in a city before entering treatment were more likely to be substance free than were those from rural areas.
- ◆ Those who had experienced withdrawal symptoms before treatment were more likely to use substances during follow-up than were those not previously experiencing

withdrawal symptoms.

- ◆ Clients who had been treated for depression before treatment were more likely to use substances during follow-up than were those who had not been treated for depression.
- ◆ Clients having the shakes after cutting down were more likely to use substances during follow-up than were those not experiencing shakes.
- ◆ Clients using drugs or alcohol to relieve a hangover were more likely to use substances during follow-up.
- ◆ Clients needing drugs or alcohol just to keep going were more likely to use substances during follow-up than were those not needing substance to keep going.
- ◆ Clients who had missed work in year previous to treatment programs because of substance use were more likely to use alcohol or drugs during follow-up than were those not missing work.
- ◆ Clients who had neglected their children because of alcohol or drugs were more likely to use substances during follow-up.
- ◆ Clients who had neglected their responsibilities because of alcohol or drug use were more likely to use substances during follow-up than were those not neglected their responsibility.
- ◆ Clients who had hit others or become violent while on substances were more likely to use alcohol or drugs during follow-up than were those who did not commit violent acts.
- ◆ Clients who reported receiving medical treatment for injuries incurred while using alcohol or drugs were more likely to use substance during follow-up than were those with no such incidences.

Ratings of Program by Participants

The clients were asked on the follow-up form agree/disagree questions concerning the treatment program that they completed. In general the clients had very high ratings of the treatment programs.

A vast (83.7%) majority of the all clients completing the follow-up interview agreed that it was a good program. As would be expected, those who were substance free rated the program higher (89.9% agreed the program was good).

It was a good program.	Number of Responses	Percent
Strongly Agree	616 (312)	60.6% (70.8%)
Agree	235 (83)	23.1% (19.1%)
Not Sure	114 (35)	11.2% (7.9%)
Disagree	25 (5)	2.5% (1.1%)
Strongly Disagree	27 (5)	2.7% (1.1%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Most (86.1%) clients completing the follow-up form agreed that the counselors were helpful. Survey participants who were substance free rated the program higher (90.2% felt that the counselors were helpful).

The Counselors were helpful.	Number of Responses	Percent
Strongly Agree	699 (333)	68.7% (75.5%)
Agree	235 (65)	17.4% (14.7%)
Not Sure	86 (26)	8.5% (5.9%)
Disagree	21 (9)	2.1% (2.0%)
Strongly Disagree	34 (8)	3.3% (1.8%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

A strong majority (82.2%) of those completing the follow-up survey felt they learned much in the treatment program. The substance free clients rated this question higher (89.1%).

I learned much.	Number of Responses	Percent
Strongly Agree	635 (322)	62.6% (73.0%)
Agree	199 (71)	19.6% (16.1%)
Not Sure	111 (30)	10.9% (6.8%)
Disagree	31 (10)	3.1% (2.3%)
Strongly Disagree	39 (8)	3.8% (1.8%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

Most (83.3%) of the clients indicated that they would recommend the program to other people, while some (8.5%) were not sure. The substance free clients rated the program higher with 89.8% indicating that they would recommend the program to other people.

I would recommend the program to other people.	Number of Responses	Percent
Strongly Agree	666 (331)	65.8% (75.4%)
Agree	177 (63)	17.5% (14.4%)
Not Sure	86 (22)	8.5% (5.0%)
Disagree	33 (11)	3.3% (2.5%)
Strongly Disagree	50 (12)	4.9% (2.7%)

The number in parentheses () refers to persons who were abstinent during the follow-up period.

OPEN-ENDED QUESTIONS

These comments were taken from those completing the follow-up form that was administered 12 month post-treatment. To date, 1000 persons have completed the follow-up survey.

What did you like best about the Alcohol and Drug Treatment Program?

- Counselors (177 responses)
- Interaction with other clients (112 responses)
- Information, knowledge (84 responses)
- Talking, sharing, openness (82 responses)
- Group sessions, discussions (76 responses)
- Learned about myself (29 responses)
- Nothing (28 responses)
- All of it (25 responses)
- One on one counseling (21 responses)
- It was helpful (21 responses)
- Environment (18 responses)
- Honesty (13 responses)
- Learning about alcoholism and drug abuse (9 responses)
- Dealing with problems (10 responses)
- Getting out (6 responses)
- Small group (6 responses)
- Don't know (6 responses)
- Spirituality, higher power, religion (5 responses)
- Food (5 responses)
- All female (5 responses)
- Freedom (4 responses)
- It was an inpatient program (4 responses)
- It was an outpatient program (4 responses)
- Support (4 responses)
- Got me sober (4 responses)
- Made me think (3 responses)
- AA meetings (3 responses)
- Learned a lot (3 responses)
- Staff (3 responses)
- Aftercare (3 responses)
- Going to the recreation center (3 responses)
- Activity--not boring (2 responses)
- Family (2 responses)
- Free to return for help (2 responses)
- Friends & friendship (2 responses)
- Gave me time to get in touch (2 responses)
- Chance to work and go through treatment (2 responses)

- Freedom to be in the community (2 responses)
- Got out of jail (2 responses)
- Got to miss work (2 responses)
- Homework (2 responses)
- Lectures (2 responses)
- Length (2 responses)
- Structure (2 responses)
- Approach they take (1 response)
- Belief system (1 response)
- Biogenetic model of disease of alcoholism (1 response)
- Books (1 response)
- Classes helped me read (1 response)
- Deputy Sheriff (1 response)
- Discussions (1 response)
- Diversity of people (1 response)
- Entertaining (1 response)
- Everyday approach (1 response)
- Everyone involved (1 response)
- Family get together (1 response)
- Getting paid for going (1 response)
- Going to AA/NA (1 response)
- Good at work (1 response)
- Got me past denial (1 response)
- Got rid of issues (1 response)
- Guess speaker (1 response)
- Having what I ate regulated (1 response)
- Heal family problems (1 response)
- Healing process (1 response)
- Had a great experience (1 response)
- I was treated like a person, not a case number (1 response)
- I was treated with respect (1 response)
- Involved classes (1 response)
- It gave me hope (1 response)
- It wasn't high-pressured (1 response)
- It was the best I've seen (1 response)
- It was better than previous treatment (1 response)
- It was a great vacation (1 response)
- It was intense (1 response)
- It was self-paced (1 response)
- It was thorough (1 response)
- It was a successful program (1 response)
- Kept a person in line (1 response)
- Learned respect and responsibility (1 response)
- Meeting other women with babies (1 response)
- Meetings (1 response)
- My profound ignorance (1 response)
- Open enrollment (1 response)
- Privileges to go places (1 response)

- Questions (1 response)
- Realized I have a drinking problem (1 response)
- Separate ages (1 response)
- Seeing people completing program (1 response)
- Straight forward (1 response)
- Sobriety part (1 response)
- Storybooks (1 response)
- Sweat lodge (1 response)
- The 12 steps (1 response)
- The meditation (1 response)
- They didn't avoid any questions (1 response)
- They made it fun (1 response)
- Time to myself to really think (1 response)
- Tools to keep clean (1 response)
- You could come and go and eat (1 response)
- Videos (1 response)
- Visitation of children allowed (1 response)
- We could leave (1 response)
- Wide variety of subjects (1 response)
- Wonderful program (1 response)
- Writing a biography (1 response)
- Writing last paper before graduation (1 response)

OPEN-ENDED QUESTIONS

What, if anything, about the program do you think needs to be changed?

- Nothing (404 responses)
- Better counselors (33 responses)
- More one on one counseling (14 responses)
- Group people together by: age, sex, alcohol TX, drug TX, gambling TX (12 responses)
- Better meeting rooms, facilities, and location (11 responses)
- Longer (11 responses)
- More structure or organization (10 responses)
- Update movies, videos (9 responses)
- Don't mix people who want to be there with those who don't (7 responses)
- Some staff (7 responses)
- Better aftercare (6 responses)
- More confidentiality (6 responses)
- More counselors (6 responses)
- Client treatment (4 responses)
- Food (4 responses)

- Group was too large (4 responses)
- Timing during day or week (4 responses)
- Bedtime or sleep time (3 responses)
- Do more with families (3 responses)
- Don't know (3 responses)
- Homework/assignments (3 responses)
- Openness (3 responses)
- The whole program (3 responses)
- Too long (3 responses)
- Update materials (3 responses)
- Address more about gambling (2 responses)
- Check for drugs/alcohol (2 responses)
- Favoritism (2 responses)
- Improved treatment (2 responses)
- Length (2 responses)
- Letting people back in when they wanted back in (2 responses)
- Lower the cost (2 responses)
- Meeting time, length, frequency (2 responses)
- More entertaining (2 responses)
- More funding for treatment (2 responses)
- More on higher power (2 responses)
- More reading material (2 responses)
- Not so many drugs for people (2 responses)
- Pay scale (2 responses)
- Seemed like a factory, like an assembly line (2 responses)
- Teach information at high school (2 responses)
- The group (2 responses)
- Use of 12 steps (2 responses)
- AA seemed depressing (2 responses)
- AA meetings (1 response)
- A chance to discuss things privately & not in a group (1 response)
- Aftercare counselor (1 response)
- Abolish it (1 response)
- Activities away from treatment (1 response)
- Aim at younger adults (1 response)
- Allow food in building (1 response)
- Be more innovative (1 response)
- Be more understanding (1 response)
- Brainwashing (1 responses)
- Change back to previous program (1 response)
- Closer supervision during cigarette breaks (1 response)
- Couldn't go outside after dark (1 response)
- Daily-shorter hours (1 response)
- Don't allow people to join in middle of TX program (1 response)
- Do not want family day (1 response)
- Entire legal system (1 response)

- Establish more personal relationships (1 response)
- Felt rushed through it (1 response)
- Focus more on alcoholism (1 response)
- Get more information to the public (1 response)
- Group discussion (1 response)
- Halfway house is more for people coming out of the penal system (1 response)
- Have a Spanish program (1 response)
- Have a Spearfish program (1 response)
- Homosexuality and alcohol (1 response)
- How insurance is billed (1 response)
- Increase the number of inpatients (1 response)
- It needs to be more in depth-go past first step (1 response)
- Keep separate from detox (1 response)
- Less paperwork, less reading (1 response)
- Let kids come to graduation, no matter their age (1 response)
- Look more at psychiatric roots/problems (1 response)
- Make more accessible (1 response)
- Meetings were too often (1 response)
- Men counselors (1 response)
- Monitor instructor's attitude (1 response)
- More activities (1 response)
- More connection between aftercare and AA (1 response)
- More demos on effect of alcohol/accidents (1 response)
- More education (1 response)
- More educated teachers (1 response)
- More follow-up (1 response)
- More help during recovery after treatment (1 response)
- More hugs and kisses (1 response)
- More intensive treatment (1 response)
- More patient-centered (1 response)
- More sponsors (1 response)
- More support from state (1 response)
- More time spent on teaching (1 response)
- More videos (1 response)
- Movies (1 response)
- Not everyone that drinks is an alcoholic (1 response)
- Not sure (1 response)
- Old information (1 response)
- Only went through first three steps (1 response)
- Optional time for group (1 response)
- Outside speakers (1 response)
- Post-treatment programs (1 response)
- Preaching about higher powers in AA (1 response)
- Pregnant and had to walk to work (1 response)
- Prejudice (1 response)
- Repetitive (1 response)
- Restrictions too tough (1 response)

- Schedule time to smoke (1 response)
- Screen young people (1 response)
- Sometimes people come down hard on those who don't want to be there (1 response)
- Should be able to tell jokes (1 response)
- Should try to show you care (1 response)
- Take people to at least one AA (1 response)
- Techs need more knowledge and to be sympathetic (1 response)
- Techs too soon out of treatment (1 response)
- The attitude that not everyone can quit (1 response)
- The counselors shouldn't be junior psychologists (1 response)
- Too many smokers in AA (1 response)
- Too much of the same stuff (1 response)
- Too much religion (1 response)
- Treatment center on reservation (1 response)
- Too controlling (1 response)
- Too short (1 response)
- We were locked (1 response)
- Work around clients' schedules (1 response)